

Trends and sources of data on sickness absence

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Key points

- Levels of longstanding sickness and sickness absence in the general population have remained fairly constant over the past 20 years or so.
- There were almost 2.2 million days lost to sickness in autumn 2001, which accounted for 2 per cent of the total scheduled working days. The proportion of workers absent for at least one day in the reference week was 3.4 per cent.
- Absence is, however, concentrated among certain groups of people; for example, women, full-time workers, those aged under 30 and those working in the public sector.
- In autumn 2001, 3.8 per cent of female employees of working age were absent from work in the previous week, compared with 3 per cent of men. Rates were highest among the 25-29 age group for men and the 20-24 and 30-34 age groups for women.
- Sickness absence is related to levels of limiting longstanding illness. Absence rates for men and women with a limiting longstanding illness were 7 per cent and 8 per cent respectively, compared with 3 per cent and 5 per cent for those who did not have such an illness.
- Sickness absence is measured more accurately by the Labour Force Survey (LFS) since the new questions were introduced in spring 2000. There are, however, still some topics on which the LFS does not collect data; such as, total length of absence and reasons for absence.
- Employer-based measures of sickness absence are useful for comparison purposes, but inaccurate for a variety of reasons, including response rates and response bias.
- Estimating the costs of sickness absence is a complicated process. It involves looking not only at the direct costs of absence but also at some of the indirect costs such as organising replacement staff and a reduction in overall productivity.

This article examines the trends and patterns of sickness absence in the UK, using data from the Labour Force Survey, the General Household Survey and employer surveys.

Introduction

CONCERN ABOUT levels of sickness absence has been growing over recent years. The reasons behind this include an increasing awareness by employers about employees' health and well-being, as well as a realisation that absence is a major source of preventable loss for many organisations, and therefore costly in human and economic terms. The Institute for Employment Studies (IES) has also identified the increasing concern as being a direct result of employers' having a more explicit 'duty of care' towards their employees due to UK and EU legislation. There has also been an increase in the direct costs related to absence as a result of changes to regulations in the mid-1990s (including the introduction of statutory sick pay) and greater acknowledgement of the substantial hidden costs of sickness absence.

As a result of these changes, many organisations have taken a renewed

interest in sickness absence. In 1999 the Cabinet Office produced a resource pack designed to help all public sector bodies monitor and manage sickness in a fair, consistent and supportive way. The government has also pledged to reduce sickness absence levels in the Civil Service by 20 per cent in 2001 and 30 per cent by 2003 (compared with 1998 levels), and the incidence of work-related ill health generally by 20 per cent by 2010.

Sickness absence is a complex phenomenon influenced by a variety of different personal, social, organisational and demographic factors. When looking at these factors in more detail, it has become clear that many of the issues have been related to problems with the quality of the data available. This article aims to bring together some of the different sources of information to try to come to some conclusions about the trends and patterns of sickness absence in the UK.

Trends in levels of ill health

In order to understand what has happened to levels of sickness absence, it is important to establish whether or not there has been an increase in overall levels of ill health – often referred to as morbidity – in the general population. The General Household Survey (GHS) is a good source for this information as it provides a long consistent time series. The GHS is an annual cross-sectional survey of British households consisting of questions relating to employment, leisure, education, health, income and more. The prevalence of self-reported longstanding illness has increased over the lifetime of the GHS rising from 21 per cent of adults and children in 1971 to 32 per cent in 2000. The proportion of all people reporting a longstanding illness increased steadily during the 1970s, but has since fluctuated between 29 per cent and 35 per cent, with no clear pattern over time. The prevalence of limiting longstanding illness (a longstanding illness which limits daily activities) has shown a similar trend, although the overall increase has been smaller: the proportion reporting a

condition which limited their activities rose from 15 per cent in 1975 to 19 per cent in 2000 (see *Figure 1*). As would be expected, this proportion increases with age. In 2000 the proportion of people aged 16 to 44 who reported a restrictive illness was 11 per cent, compared with 27 per cent among those aged 45 to 64. It should be noted that, as this indicator of general health is in some measure subjective, changes over time may reflect changes in people's expectations of their health as well as real changes in the prevalence of sickness. In addition, these figures may well be influenced by the increase in the absolute numbers of people with severe conditions who are surviving longer than they did in the past.

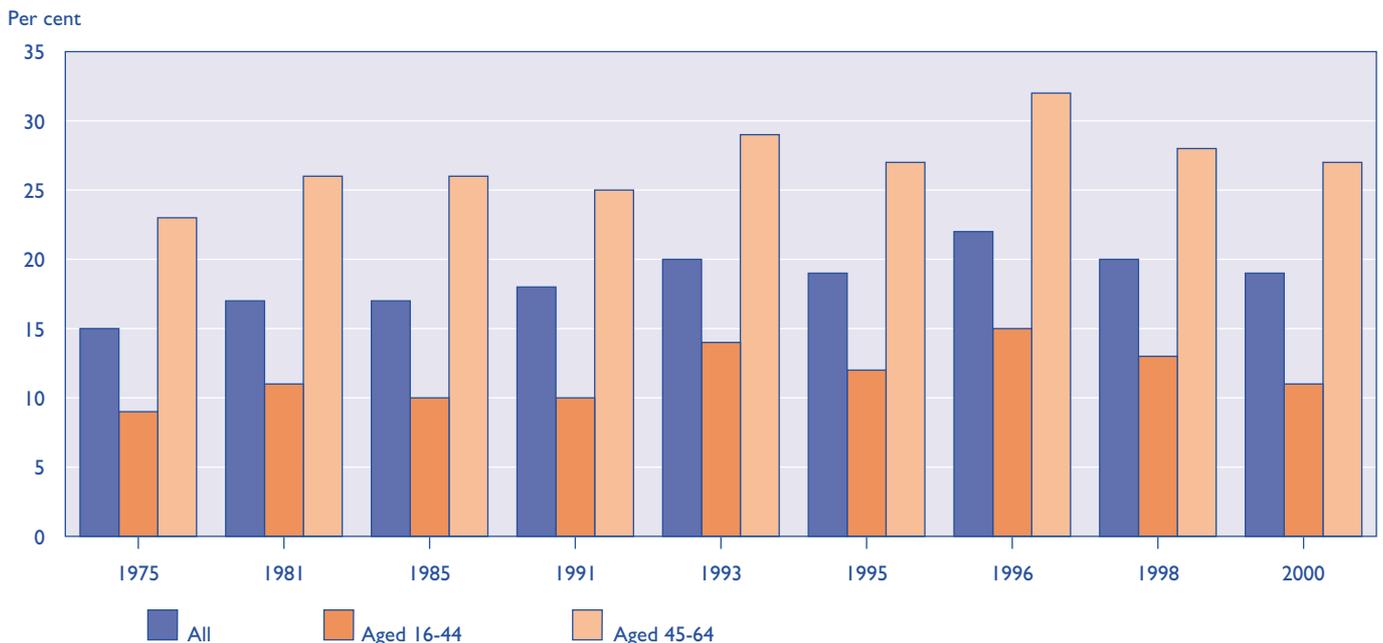
Based on these data, it appears that there has been a slight increase in the levels of morbidity in the population as a whole since the early 1970s. The age-related pattern appears to have been constant over time. It should, however, be noted that, although figures on limiting longstanding illness give a good indication of general health over time, the series captures longstanding conditions rather than short-term illnesses, which may play a large part in influencing levels of sickness absence.

Long-term trends in sickness absence

Sickness absence has been poorly measured in Britain until relatively recently. The most comprehensive series has been put together by Barmby *et al.* (1997 and 1999) from both the GHS and the Labour Force Survey (LFS). The GHS is the only source of information for time series on sickness absence between 1971 and 1984 as the LFS only started in its current quarterly form in 1992. Barmby *et al.* used these data to construct a synthetic cohort from 1971 to 1984 using the date of interview and questions about absence in the reference week immediately before the interview. An absence rate was then calculated as the ratio of days reported absent due to sickness to contracted work days.

They found that the rate of sickness absence in Britain fell over the period from 3.5 per cent in 1971 to 2.7 per cent in 1984. They also found a seasonal pattern in absence with the highest rates in January and February and the lowest rates in the middle months of the year. Those people most likely to be absent were married women and

Figure

Proportions of people having a limiting longstanding illness^a by age group; Great Britain; 1975 to 2000


Source: General Household Survey

^a Respondents were asked whether they had a longstanding illness, disability or infirmity. Those who reported a longstanding illness were then asked if this limited their activities in any way.

those working in heavy manufacturing industries. Those least likely to be absent were single men and those working in the agriculture, forestry and fishing industries.

Barnby *et al.* also carried out some additional work to extend the time series (this time using the LFS) to determine sickness absence rates between 1984 and 1997. They used a definition of absence rate as the ratio of total hours absent from work because of illness to total contracted hours that should have been worked. As there is no direct measure of the number of contracted hours taken off due to illness, this was calculated as the difference between the usual contracted hours per week and the contracted hours in the reference week. In addition to this, the reasons for any shortfall in the number of hours worked were also used.

They found a fairly stable long-run trend with the absence rate in the UK averaging around 3.2 per cent. They also found that the seasonal pattern identified in the earlier work using the GHS also came out in the LFS, but this time with the peak rate being in December and the lowest levels being in May. Looking at the patterns of absence by age and sex they found that the absence rate for women was systematically higher than that for men, and this gap appears to have increased over the period. Additional socio-economic characteristics of those people most likely to be absent indicated a slight north/south divide with the absence rate being highest in the more northern regions. Once again there were differences by sex, industry and occupation, and also an additional finding that the unionised workforce had higher absence rates than those who were not union members. The results of both these series were given on pp405-15, *Labour Market Trends*, August 1999.

Comparing these trends with patterns of general health from the GHS, the very slight increase in levels of morbidity since the early 1970s does not appear to have had an impact on the number of people taking time off work. Indeed, the period in the 1970s and early 1980s during which the GHS indicates the largest increase in limit-

ing longstanding illness coincides with a decrease in the sickness absence rate, as measured also by the GHS. There may, however, be a number of characteristics which increase the likelihood of certain groups of people taking more time off work due to illness than other groups. These are investigated below.

Rates and characteristics: LFS data

Although the LFS has asked about sickness absence since spring 1992, the questions used were thought not to give an accurate measure of absence as they did not ask the respondent whether the sickness occurred on a day that they were scheduled to work. Although the work carried out by Barnby *et al.* made allowances for this

by making assumptions using the number of hours normally and actually worked, this involved a significant amount of data manipulation and is not easily replicable by users. As the old questions did not differentiate between respondents who were scheduled to work and those who were not meant to work, it was not possible to calculate the number of actual working days lost to illness or injury. As a result of this, new questions were added to the LFS in spring 2000 to enable the calculation of absence rates as a proportion of days on which the employee was due to work. The new questions also make it possible to identify on which day(s) of the week the respondent was absent.

More detail on the changes to the questions was given in an article on pp541-7, *Labour Market Trends*, December 2000. This article also

Table | Absence from work due to sickness or injury for men and women by day of the week; United Kingdom; autumn 2001, not seasonally adjusted

	Thousands		Per cent	
	Days scheduled to work	Days absent from work due to sickness or injury	Absent on that day	Distribution of absences over the week
Men				
Monday	10,687	187	1.7	18.1
Tuesday	11,110	192	1.7	18.6
Wednesday	11,142	189	1.7	18.3
Thursday	11,159	202	1.8	19.5
Friday	10,996	203	1.8	19.6
Saturday	2,795	42	1.5	4.0
Sunday	1,481	20	1.4	1.9
All working days	59,370	1,035	1.7	100.0
Women				
Monday	8,404	202	2.4	18.0
Tuesday	8,748	214	2.4	19.0
Wednesday	8,768	207	2.4	18.5
Thursday	8,729	219	2.5	19.5
Friday	8,470	216	2.5	19.2
Saturday	2,072	46	2.2	4.1
Sunday	1,169	20	1.7	1.8
All working days	46,361	1,123	2.4	100.0
All				
Monday	19,091	389	2.0	18.0
Tuesday	19,859	406	2.0	18.8
Wednesday	19,909	396	2.0	18.4
Thursday	19,888	421	2.1	19.5
Friday	19,466	419	2.2	19.4
Saturday	4,867	88	1.8	4.1
Sunday	2,651	40	1.5	1.9
All working days	105,731	2,158	2.0	100.0

Source: Labour Force Survey

looked at some of the characteristics of those people who were absent from work due to sickness. The key findings were that absence rates were higher for female employees, those aged under 30, full-time employees and those who worked in the public sector. Lower absence rates were recorded for those in professional, managerial and administrative professions.

Given that there is a strong seasonal pattern to sickness absence, looking at the trend in absence rates since the new questions were introduced does not reveal a great deal. Autumn 2001 LFS data have, however, been used to investigate the patterns of absence and to look into why these exist. *Table 1* shows that there were almost 2.2 million days lost to sickness in autumn 2001, which accounted for 2 per cent of the total scheduled working days. This means that on any one day around 2 per cent of the working population are absent due to sickness.

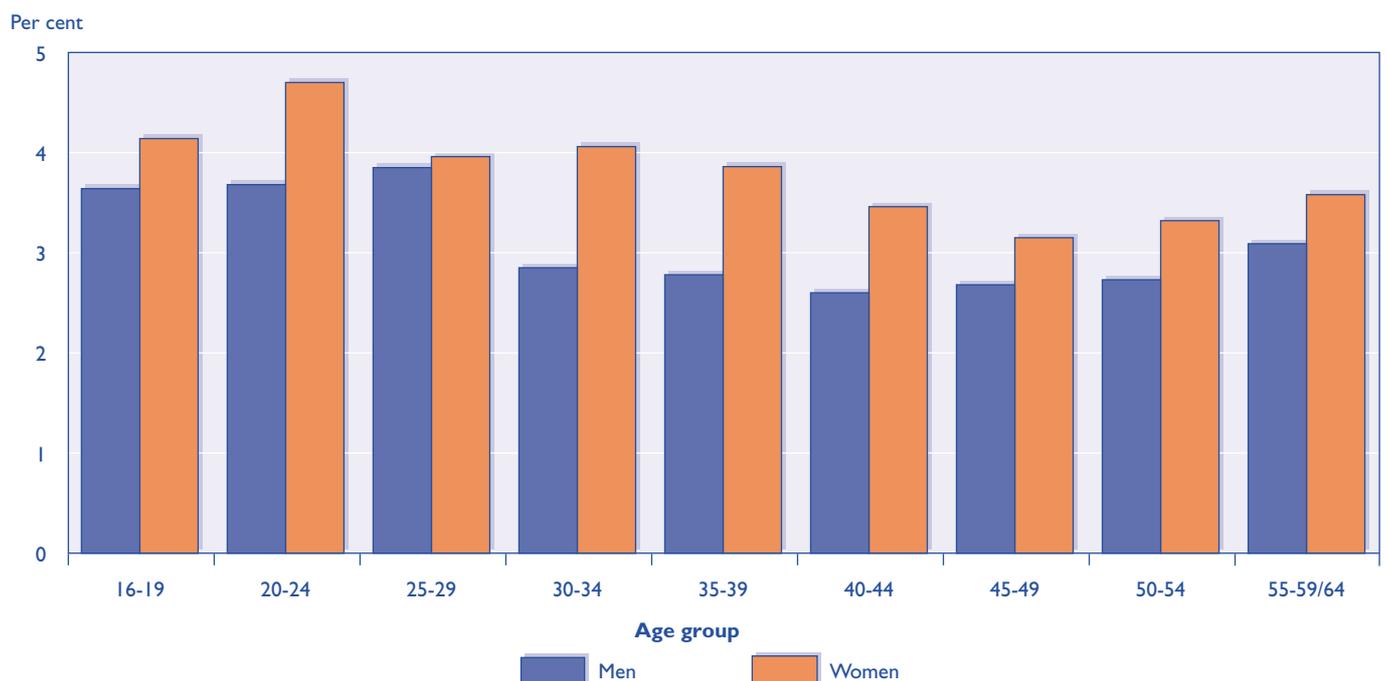
Looking at the figures in terms of people who are absent reveals that the proportion of employees who were absent for at least one day in the reference week was 3.4 per cent. Using the new LFS questions it is possible to

identify the number of days each respondent took off due to sickness. As might be expected, the highest proportion were absent for just one day (39 per cent) with declining proportions thereafter; 21 per cent were absent for two days, 11 per cent for three days and 24 per cent for five to seven days. There is very little variation between men and women in the number of days per week taken off sick. This information was shown on p65, *Labour Market Trends*, February 2002. The pattern by days of the week is also stable, with only a slightly higher proportion of men and women being absent on Thursdays and Fridays than for the rest of the week.

As highlighted in the results of other studies, women are more likely to be absent from work than men: in autumn 2001, 3.8 per cent of female employees of working age were absent from work in the previous week, compared with 3.0 per cent of men. Breaking absence rates down by age, it is clear that rates are also highest among the 25-29 age group for men and the 20-24 and 30-34 age groups for women (see *Figure 2*). The widest gap between rates for men and women was in the 30-39 age group.

Figure 2 on p65, *Labour Market Trends*, February 2002 also showed that there are variations in the proportions who are absent from work by occupational and industrial groups. Managers and senior officials had an absence rate of 2.4 per cent in autumn 2001, compared with sales and customer service occupations with a rate of 3.9 per cent. Public administration was the industry group with the highest absence rate at 3.7 per cent, while the 'other' group had the lowest rate at 2.8 per cent. One explanation for these differences could be the different age and sex structures of the various occupational groups. It is known that sickness absence levels vary with age and sex. This could be creating the apparent differences in rates of absence by occupation. In order to control for this, a process of standardisation has been carried out. This involves calculating the number of people who would be expected to be absent from work if the population structure in each occupation group was the same as for the population as a whole. A standardised absence rate is then obtained by taking the ratio of observed to expected cases. The standardised rates show a number

Figure 2 Sickness absence rates by age group and sex; United Kingdom; autumn 2001



Source: Labour Force Survey

Table 2 Men and women absent from work^a who had a limiting longstanding illness;^b United Kingdom; autumn 2001

	Per cent	
	Men	Women
16-24	56.6	38.7
25-34	55.3	65.5
35-44	61.1	62.9
45-59/64	66.5	67.2
All ages^c	65.5	61.8

Source: Labour Force Survey

a In the reference week.

b Respondents were asked whether they had a longstanding illness, disability or infirmity. Those who reported a longstanding illness were then asked if this limited their activities in any way.

c 16-59/64.

Table 3 Sickness absence rates by presence or absence of a limiting longstanding illness;^a United Kingdom; autumn 2001

	Per cent			
	With a limiting longstanding illness		Without a limiting longstanding illness	
	Men	Women	Men	Women
16-24	9.1	7.3	3.5	6.6
25-34	9.4	9.8	4.4	4.4
35-44	7.1	7.6	3.2	4.8
45-59/64	6.3	7.2	2.9	4.0
All ages^b	7.2	7.8	3.3	4.7

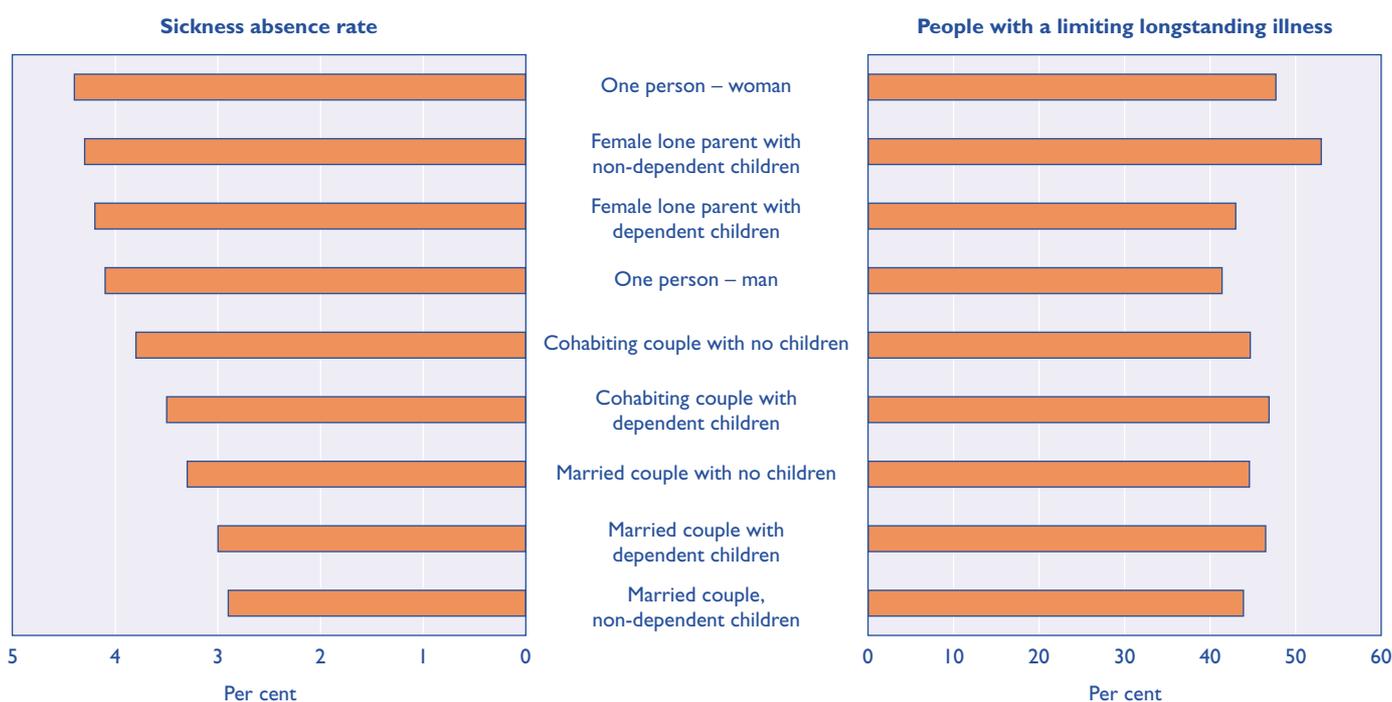
Source: Labour Force Survey

a Respondents were asked whether they had a longstanding illness, disability or infirmity. Those who reported a longstanding illness were then asked if this limited their activities in any way.

b 16-59/64.

of interesting differences. In general, the sickness absence rates for women were the most affected. A particular example was among the managers and senior officials group, where the absence rate for women decreased from 3.6 per cent unstandardised to 2.7 per cent when standardised. This can be explained by the fact that under a third of people in this group were women. Overall, the standardised rates show a similar pattern to the unstandardised rates, with men in personal service occupations having the highest rates and managers and senior officials having the lowest rates. For women, those with the highest standardised rates were working as process, plant and machine operatives, and those with the lowest rates were managers and senior officials.

Variations also exist by public/private sector and full-time/part-time employment breakdowns. Overall, full-time employees had higher rates of absence than those who worked part-time (3.5 per cent, compared with 2.8 per cent) and those in the public sector had higher rates than those in the private sector (3.8 per cent, compared

Figure 3 Sickness absence rates^a and proportions of employees with a limiting longstanding illness^b by household composition; United Kingdom; autumn 2001

Source: Labour Force Survey

a Rates standardised by age and sex.

b Respondents were asked whether they had a longstanding illness, disability or infirmity. Those who reported a longstanding illness were then asked if this limited their activities in any way.

Table 4 Comparison of employer-based sickness absence surveys

	Number of organisations	Number of employees	Response rate (%)	Date of survey	Rate of sickness absence (%)	Days lost per employee per year	Costs of sickness absence
Chartered Institute of Personnel and Development (CIPD)	1,466	over 2 million	21	June 2001	3.8	8.7	£486 for each employee per year
Regional Employers Organisation for local government ^a	212	..	55	1999/2000	4.2	9.6	..
Confederation of British Industry (CBI) ^b	538	2000	3.4 (of working time)	7.8	£434 per worker per year
Cabinet Office – analysis of sickness absence in the Civil Service ^c	..	571,720	..	1999	4.5	10.1	total staff costs £396 million

.. Not available.

a Local authorities.

b Public and private sector organisations.

c Civil Servants in all government departments and agencies.

with 2.8 per cent respectively). These differences exist even when the rates are standardised by both age and sex.

Although morbidity trends have been fairly stable, as indicated earlier, it could be that certain groups of people have higher levels of illness, and therefore absence, than others. In addition, while sickness absence rates will be linked to real sickness, it is possible that in some cases there may be other reasons why people take sick absence from work. *Table 2* shows the proportion of those who were absent from work in the reference week who had a limiting longstanding illness. In total, 65 per cent of men aged 16 to 64 and 62 per cent of women aged 16 to 59 who were absent had a limiting longstanding illness. The proportion of those absent with such an illness was slightly higher among older than younger age groups. *Table 3* gives an indication of how the absence rates varied depending on the presence or absence of a limiting health problem. Of those with such a problem, rates of absence were around 7 per cent for men and 8 per cent for women. This compares with absence rates of only 3 per cent for men and 5 per cent for women who did not have an illness which limited their activities. As might be expected, the figures indicate that

those people who have poorer health are more likely to be absent from work due to sickness.

Figure 3 looks at sickness absence rates by household composition alongside rates of limiting longstanding illness, both standardised by age and sex. This indicates that the highest sickness absence rates are associated with women living alone. Female lone parents with and without non-dependent children also have relatively high absence rates, along with men living alone. Married couples with dependent and non-dependent children have some of the lowest rates of all household types. When this pattern is compared with the distribution for people with a limiting longstanding illness there are a number of interesting trends. Women living alone also have one of the highest rates of limiting longstanding illness along with female lone parents. The relatively high absence rates of single men cannot, however, be fully explained by high rates of limiting longstanding illness: only around 41 per cent reported having an illness which restricted their activities.

These patterns indicate that there may well be different reasons behind sickness absence rates for certain groups of people. Evidence from the Whitehall II study (see p184) indicates

that the presence of a longstanding health problem is a moderate indicator of long-term sickness absence but is less effective at predicting short-term absence. This may be why the patterns shown above exist.

Employer surveys

Survey data which asks individuals about their own experience of sickness absence presents only one side of the story. Another way of measuring absence from work is by carrying out surveys of employers and their records of levels and reasons for absence. The advantages of these data are that they avoid the problem of people reporting illness on days they were not scheduled to work. In addition, there may be a tendency for people interviewed on the LFS to under-report their levels of sickness absence. On the other hand, there are a number of quality issues relating to the way data from employer surveys are recorded.

The Confederation of British Industry (CBI) and the Chartered Institute of Personnel and Development (CIPD) both carry out large-scale surveys on an annual basis and produce substantial reports on the findings (see *references*). The key findings were:

Box 1 Comparison of employer-based sickness absence surveys

	Characteristics	Key observations
Chartered Institute of Personnel and Development	<p>Higher rates in NHS, food and drink and tobacco industries.</p> <p>Most common causes are colds, headaches and stress among non-manual staff, and colds and back pain among manual workers</p> <p>Most employers (81 per cent) monitor causes of sickness absence.</p>	<p>Respondents considered that around a third of absence is not the result of ill health. Respondents also estimated that just over a quarter of managers' absence goes unreported.</p> <p>A fifth of employers do not know their absence sickness levels.</p> <p>Only a minority have targets for reducing absence. Tightening of policies was the most common reason given for a decrease in absence levels.</p> <p>Computerised systems for recording absence more common in larger firms.</p> <p>Commonly used absence-management tools are disciplinary procedures and providing absence information to line managers.</p>
Regional Employers Organisation for local government	<p>Rates are higher among manual employees (5.7 per cent) than for non-manual employees (4.0 per cent). Counties and London boroughs had lower rates than new unitary authorities and metropolitan districts.</p> <p>No single cause of absence predominated.</p>	<p>Local government have lower rates of sickness absence than other parts of the public sector e.g. NHS and Civil Service.</p> <p>Evidence of a north/south gradient with absence records being higher in the north for manual employees, but this may relate to local authority size.</p>
Confederation of British Industry (CBI)	<p>Long-term physical illness was more significant for manual employees while stress and recurring illness was more common among non-manual employees. Short-term absence made up the large majority of cases (80 per cent), while long term absence accounted for only 20 per cent of absence cases but 40 per cent of total working time lost to absence each year.</p> <p>Rates were lowest among those involving senior managers in the absence management process.</p>	<p>Absence rate for non-manual employees was 2.8 per cent, compared with a rate for manual employees of 3.4 per cent.</p> <p>Most employers believe the majority of absence is caused by genuine sickness.</p> <p>There was a large discrepancy in rates between private and public sectors: 10.2 days on average for the public sector and 7.6 days for the private sector.</p>
Cabinet Office – analysis of sickness absence in the Civil Service	<p>Respiratory disorders accounted for the largest proportion of absence.</p> <p>Levels of absence decline as responsibility levels rise.</p> <p>Northern Ireland, north-west England and Scotland have the highest absence levels.</p>	<p>Short and long-term absence require different management interventions.</p>

- absence rates were higher for manual workers than for non-manual workers, partly attributable to the greater likelihood of injury at work. Data from the winter 2000 LFS (using the SOC90 coding which allows for a manual/non-manual split) do not support this finding, and, in addition, there appears to be a different pattern for men and women. The rate for men was higher among manual occupations (3.6 per cent, compared with 2.9 per cent) while for women, non-manual workers had higher rates (4.6 per cent, compared with 4.2 per cent). This difference remains, even when the figures are standardised by age and sex;
- absence rates were higher in the public sector than in the private sector. This is supported by LFS data, which shows that full-time public sector workers had an absence rate of 4.1 per cent compared with 3.4 per cent for full-time private sector employees;
- minor illnesses such as colds, stomach upsets and headaches were the most significant cause of absence;
- small firms had lower absence rates than larger firms: an average of nine days were lost per employee for those firms with more than 500 employees, compared with around six days for those with less than 50 employees (CBI);
- short-term absence accounts for 80 per cent of absence cases, but long-term absence results in over 40 per cent of total working time lost to absence each year (CBI);
- the estimated direct annual cost of sickness absence ranged from £434 per employee (CBI) to £486 per employee (CIPD) (see [Table 4](#));
- after adjusting for age, sex and grade, the Cabinet Office survey still found that there were significant

interregional differences. The highest rates were in Northern Ireland, north-west England and Scotland, while lowest levels were in East Anglia and the south-west. Data from the LFS indicate a slightly different pattern, with Scotland and the east of England having the lowest rates at around 3 per cent and the north-east and south-west having the highest rates of 3.7 per cent and 3.6 per cent respectively; and

- while the Cabinet Office report is not directly comparable with other reports on sickness absence, a table is included in each report that converts average working days absence per staff year (the Cabinet Office method) into absence per person (other private sector reports). On that basis, for 1999, sickness absence in the Civil Service (8.5 per cent) compared favourably with the rest of the public sector (9.9 per cent) and the private sector as a whole (7.8 per cent).

The majority of these surveys are carried out by sending a questionnaire to personnel departments to collect aggregate levels of sickness absence for the entire organisation. The accuracy of this information depends to a large extent on the quality of the information collected by the individual employers. Response rates are sometimes not recorded, but for the CIPD survey, for example, only 21 per cent of organisations contacted completed the questionnaire. It is likely, given these low response rates, that those organisations that responded are those with fairly advanced methods of recording sickness absence and able to produce the information without too much difficulty.

There are also a number of issues related to the reporting of absence by employers, which the LFS does not suffer from due to its being a face-to-face survey. The CBI survey found that sickness absence was lower when senior managers were involved in the absence management process. This could well indicate that, among those firms that responded to the survey, the majority would have processes in place to monitor and record sickness absence, leading to lower absence rates. Given that these firms are likely

to be larger than firms without a process for recording absence, this pattern of differential recording across organisations could account for the finding that sickness absence levels are lower in smaller firms than larger ones.

Another indication that reporting issues may well be a problem for these surveys is the finding that sickness absence levels tend to decrease with increasing levels of seniority. The CIPD survey found that a third of the 1,466 organisations which responded believed that managers under-report their own absences. They also estimate that such under-reporting is thought to be, on average, about 27 per cent of managers' absences. See *Box 1* for a comparison of employer-based sickness absence surveys.

In addition, the public sector appears to have particular problems with sickness absence. The CIPD survey found that public sector employers seem to take a more active approach to the management of employee absence than those in the private sector. Although there is an indication that high levels of absence monitoring tend to reduce absence levels, this does not appear to be the case for public sector employees. As mentioned at the beginning of the article, the Cabinet Office has published a number of reports looking at sickness absence in the Civil Service and is reviewing its recommendations for reducing current levels.

In summary, these employer surveys give a general estimate of the rates of absence in different organisations. However, the accuracy of the data is likely to be severely biased as a result of the differential response rates across organisations. This makes it difficult to say with certainty whether the findings from these surveys, many of which measure reasons and duration of absence, can be generalised to the whole population.

Other sources of information

Although the LFS and employer surveys provide the main sources of information on sickness absence in the UK, there are a number of additional studies that have looked at absenteeism for particular groups. One of the largest is the

Whitehall II study which was a longitudinal study of 10,000 London non-industrial civil servants aged between 35 and 55 years, with baseline data initially collected during 1985-88.

A mix of questionnaire data and sickness absence information on this group was used to investigate the relationship between grade of employment and sickness absence. There was found to be an inverse relationship between these two variables with men in the lowest grade having significantly higher rates of sickness absence than those in the highest grade. Several risk factors were identified, including health-related behaviour (smoking and alcohol consumption), work characteristics (low levels of control, variety and use of skills, work pace and support at work), low levels of job satisfaction and adverse social circumstances outside work (financial difficulties and negative support). These risk factors accounted for about one third of the grade differences in sickness absence.

Additional work was carried out to look at the reasons for absence among this group. Respiratory disorders and gastroenteritis accounted for over half of all spells of absence and musculoskeletal disorders, injury and neurosis accounting for a further 20-30 per cent. The investigators also found a moderate level of agreement between the civil service records of reason for absence and GP records. A number of further investigations into the relationship between some of these risk factors and levels of sickness absence have been published and can be found on the Whitehall II study website www.ucl.ac.uk/epidemiology/white/white.html.

Estimating the costs of sickness absence

As mentioned at the beginning of this article, employers have become increasingly aware of both direct and indirect costs of sickness absence. There is, however, very little information available on costing sickness absence accurately. The estimated costs of absence as calculated by a variety of employer surveys are shown in *Table 4*. Both the CBI and the CIPD estimate costs to be between £400 and £500 a year for each

employee. Both surveys are based on taking an average cost by grade and including National Insurance contributions and an addition for superannuation. As mentioned earlier, this is likely to be an underestimate of the true costs of sickness absence.

The IES carried out a small case-study based survey of organisations in 2001, which suggested that between 2 and 16 per cent of annual salary costs might be spent on absence by large UK employers. They also concluded that it is likely that as little as half this amount can be attributed to the gross employment costs of those who are absent. The variation in the costs of absence by different employers can be explained by the different methods of dealing with absence. For example, the approach to organising cover for absence varied from informal internal cover to external agency staff. These variations obviously have cost implications. In addition, the number of part-time staff in an organisation also has an impact on cost, as often the absence rates for these people are overestimated. The age profile of the workers is another factor as it has been found that young people are more prone to short-term absence whereas long-term absence is more commonly associated with older workers.

Many employers use the measure of salary costs of staff absence to estimate the aggregate costs but, as mentioned above, this fails to take into account other issues such as temporary replacement costs over and above existing staff costs, and overtime for existing staff. It is likely, therefore, that many employers are underestimating the actual costs of sickness absence to their businesses. The IES found, from a literature review on this topic, that although there was a great deal of material on different aspects of sickness absence, 'rigorous and comprehensive analysis of absence costs at the level of the firm are very rare'. The main reason for this appears to be the lack of adequate information systems to collate all the information required. In order to make accurate cost estimates, basic staff costs need to be measured alongside the costs and impact of absence on a number of other factors, such as absence management, attrition and recruitment, employee turnover, low morale, low productivity, and training and development.

Conclusion

Sickness absence has become increasingly important to employers over recent years due to a variety of reasons, including cost. In order to improve

levels of absence it is vital to understand in more detail the reasons behind this. Data indicate that levels of ill health in the total population have risen slightly over the past 20 or so years, although estimates of trends in sickness absence have remained fairly stable. A number of risk factors have been identified as being related to sickness absence, including overall health, job satisfaction and adverse social circumstances, although accurate measures of these factors are as yet unavailable. The identification of ways to measure these factors, and others which have yet to be identified, will no doubt improve understanding of sickness absence.

Data on sickness absence are available from the LFS and employer surveys. In general these tell similar stories but both have their limitations. Employer surveys cover more detail about reasons for absence and effective policies for reducing absence, but coverage and response rates are a concern. The LFS has been collecting more accurate information on the occurrence of sickness absence since the introduction of new questions in spring 2000. Data are not, however, collected on reasons for absence and total duration, which prevents a thorough analysis of the reasons behind current levels of sickness absence in the UK.

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Further information

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